

St. Joseph Preschool Application Form

Child's Name _____ Birthdate ___/___/___ Sex M___ F___ Ethnicity _____
Last First Middle

The child must be 3 or 4 by Aug. 1st
Must be self-sufficient in the bathroom before entering school.

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____

Child Lives with: Last Name First Name Maiden Name Work Address Occupation Phone Religion/Parish

Natural Mother						
Natural Father						
Custodial Mother						
Custodial Father						
Other						

Martial Status: Married _____ Separated _____ *Divorced _____ Single _____ Remarried _____

PK - 3 yr. M. T. Afternoon	12:15 - 2:45	\$1,100.00
PK - 4yr. W.TH.F. Afternoon	12:15 - 2:45	\$1,600.00
PK - 4 yr 5 day program	8:30 - 11:00	\$2,500.00

* A copy of the divorce decree pertaining to the child must be on file in school

3yr PK _____ 4 yr PK (3 day) _____ 4 yr PK (5 day) _____

Brothers/Sisters:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any allergies or health problems?

NO _____ YES _____ (list)

Please indicate if you give permission for your child's photo to be taken and used in classroom displays, and promotional materials? YES _____ NO _____
 Would you like your name listed on the Preschool roster that is given to each family in your child's class? YES _____ NO _____

Registration Fee \$75.00: Date Paid ___/___/___ Check # ___ Cash ___ Money Order ___ (Non-Refundable)